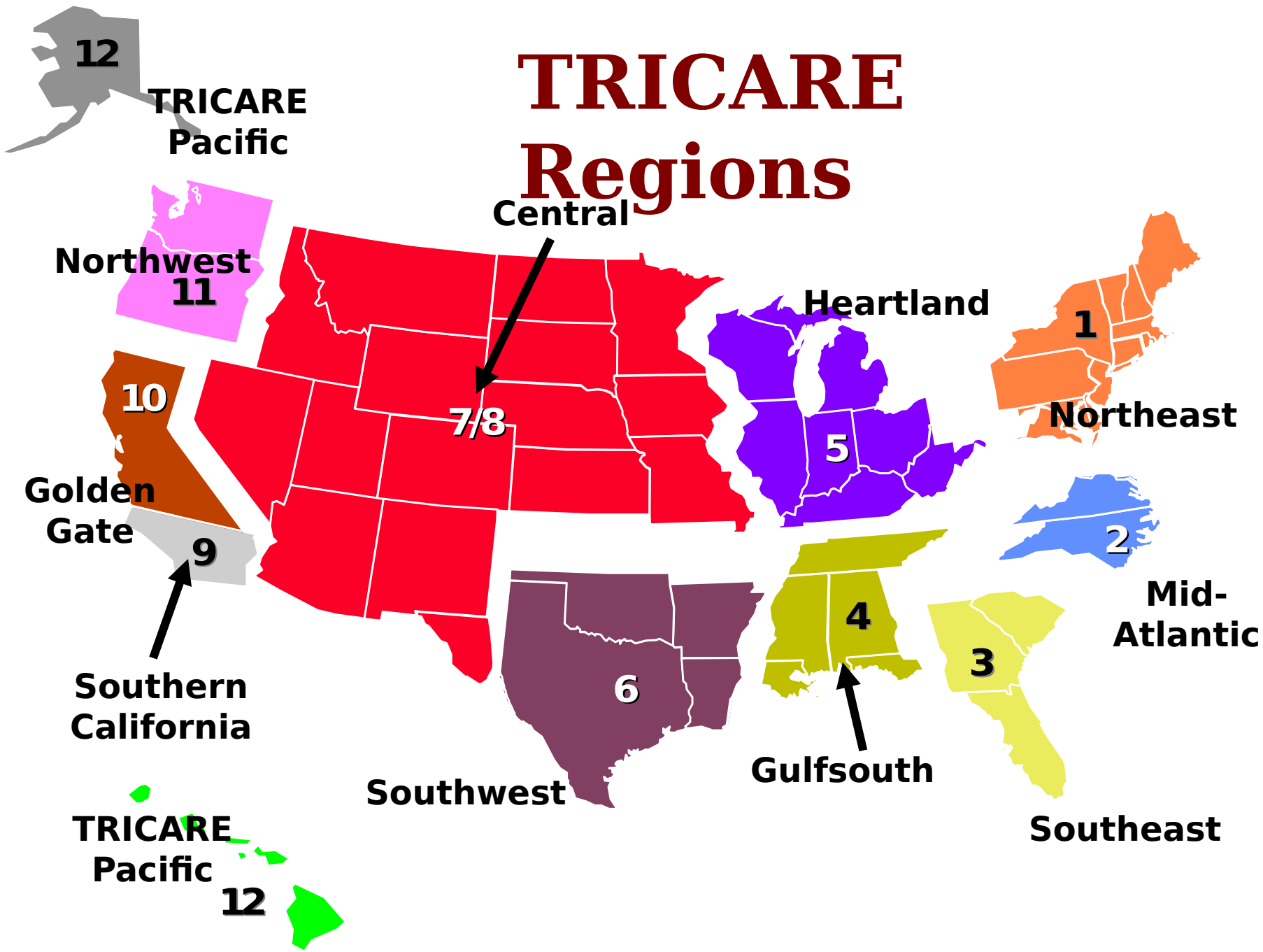


# TRICARE Prime Remote & Active Duty Family Member *Providing Primary Care Benefits for Remote Active Duty and Their Families*





# Types of Providers

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- **Non-network**
- **Non-authorized**
- **TRICARE Network**



# Non-network Provider

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- **Authorized, Participating Provider**
  - TRICARE Certified
  - Submits claims
  - Beneficiary pays 20% cost-share after deductible, no balance-billing
- **Authorized, Non-participating Provider**
  - TRICARE Certified
  - May bill up to 115% of TRICARE Maximum Allowable Charge (TMAC)
  - ~~- Beneficiary pays 20% cost-share after deductible, plus balance-billing~~
- **Non-authorized, Non-participating Provider**
  - **Not** TRICARE Certified
  - Patient pays **entire** bill

# Network Provider

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- **Signed contract with SMHS to provide care at a negotiated rate**
- **Used by Prime and Extra beneficiaries**
- **Accepts TMAC rate**
- **No balance-billing above TMAC**
- **Submits claims**



# TRICARE Eligibility

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- **Active Duty**
  - Must enroll in TRICARE Prime Remote
- **Active Duty Family Members**
  - Enroll in TRICARE Prime Remote or
  - Use TRICARE Extra or Standard
- **Verify eligibility**
  - DEERS: 1-800-538-9552
  - [www.tricare.osd.mil/remote](http://www.tricare.osd.mil/remote)
  - Nearest military ID card facility
  - Defense Manpower Data Center

Support Office: 1-800-538-9552

# Triple Option

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- **TRICARE Prime Remote**
- **TRICARE Extra**
- **TRICARE Standard**





# TRICARE Standard

## *Option for Family Members*

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- **Highest out-of-pocket cost**
  - Yearly deductible
  - Balance billing up to 115% of TMAC
- **May need to file your own claims**
- **Services at the MTF on space-available basis**
- **Non-availability Statement**
- **No enrollment required**
- **Greatest choice of providers**
- **Must use TRICARE authorized providers**





# TRICARE Extra

## *Option for Family Members*

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- **Use TRICARE Network Providers**
- **Fees 5% less than TRICARE Standard**
- **No claims to file** (unless you have other health insurance)
- **No balance-billing**
- **Same deductible as TRICARE Standard**
- **Services at the MTF on space-available basis**
- **No enrollment required**

# TRICARE Prime Remote

*Required for Active Duty -- Option for Family Members*

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- **Lowest out-of-pocket cost**
  - No fees at the MTF, except inpatient care
  - No copayments for Active Duty Family Members
  - No balance-billing
- **Priority appointments at the MTF** (if enrolled at site)
- **Primary Care Manager**
- **TRICARE Network Providers**
- **No claims to file**
- **Enrollment required by everyone, including Active Duty Service Members**



# Eligibility

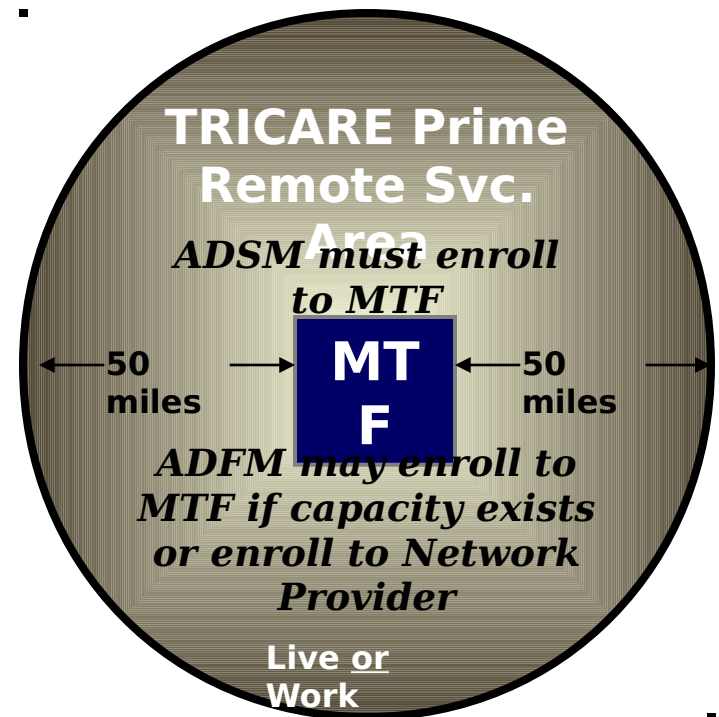
## *Determined by Location*

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- **Active Duty Service Members (ADSMs):**

- Who reside more than 50 miles (or more than one hour drive) from a Military Treatment Facility (MTF), AND
- Whose duty location is more than 50 miles (or more than one hour drive) from an MTF

- **Eligible Active Duty Family Members (ADFMs) living with their sponsor**



Live and Work

# TPR Benefits

## *for Active Duty and Their Family Members*

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- **Enroll to a civilian Primary Care Manager (PCM)**
- **Health Care Information Line**
  - Speak with a nurse
  - Health Information Library
  - 24 hrs./day, 365 days/yr.
  - Toll-free telephone number 1-800-308-3518
- **Pharmacy**
- **Preventive care services**

# Primary Care Manager (PCM)

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- **TRICARE Network Provider**
- **Provides continuity of care**
- **Provides or arranges ALL medical care**
  - Required to coordinate referral for specialty care
  - If you receive non-emergency care without a referral and authorization you will pay Point-of-Service (deductible + cost-share)
- **Can be Family Practice, Internal Medicine, Pediatricians, or OB/Gyn**



# Using a Non-Network Provider PCM

*for Active Duty and Their Family  
Members*

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- **Use TRICARE-Authorized provider where TRICARE Network is unavailable**
  - Provides routine medical care
  - Offers continuity of care
  - Coordinates specialty care referrals



# Routine Care

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- **Visit your PCM**
- **No prior authorization required**
- **Routine office visits (including lab tests and x-rays)**
- **Preventive healthcare:**
  - Immunizations
  - Hearing tests
  - Routine eye exams
  - Breast exams and Mammography
  - Pap smears
  - Prostate (and other cancer-prevention or early diagnosis) exams

# Specialty Care

## *for Active Duty Service Members*

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- **PCM makes referral**
- **All specialty care requires authorization**
  - SMHS coordinates with Military Medical Support Office (MMSO)
  - MMSO performs “fitness for duty” determination:
    - If yes, referred to MTF
    - If no, local care HCF assists in finding specialty care

# Specialty Care

## *for Active Duty Family Members*

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- **PCM makes referral**
- **All specialty care requires authorization**
  - HCF authorizes specialty care
  - Patient should call Appointing at 1-888-999-5195 to book their appointment

# Urgent Care

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- **Medical attention for condition that is not life-threatening, but could become critical if not treated**
- **Use the Health Care Information Line for guidance**
- **Prior authorization required** - Make two phone calls
  1. Before receiving care - Call SMHS to find a provider
  2. After receiving care - Within 24 hours, call SMHS to provide information about the services so your claim will be paid

# Ancillary Services

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- **PCM ordered laboratory, x-ray or other supplemental services** (additional co-payment required)
- **Many TPR sites may have no Ancillary Services Network**
  - Members should contact SMHS to determine if a Network facility is available before receiving any services outside their PCM's office

# Mental Health Services

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- **Outpatient mental health or alcohol/substance abuse services outside PCM's office**
  - ADSMs must call SMHS at 1-888-999-5195 (select the option for “mental health”) to have mental health services coordinated through MMSO
  - ADFMs must contact Options (1-888-999-5195, select the “mental health” option)
    - First eight (8) outpatient visits during a fiscal year need to be registered but do not require prior-authorization
    - Authorization is required for any outpatient visits beyond the first eight (8) during each fiscal year
- **All inpatient treatment requires prior-authorization**



# On The Move

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- **Covered during leave/travel/ change of duty station for emergency and urgent care**
  - For urgent care contact SMHS for authorization (1-888-999-5195) prior to receiving the care.
  - For emergency call 911 or go to the nearest emergency room.
- **Portable to areas where TRICARE Prime exists**

# Costs

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- **No enrollment fee**
- **No payment for care provided by PCM or for authorized specialty care**
- **Possible payment for care from TRICARE authorized non-network providers up-front**
  - Reimbursement after filing claim
- **Pay for all non-authorized care** (except emergency)

# Point-of-Service (POS) *for Active Duty Family Members*

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- **If you receive non-emergency care without a referral and authorization**

<b>Deductible</b>	\$300/person \$600/family
<b>Cost-share</b>	50% of allowable charges after deductible

- **No reimbursement for non-covered services**
- **If you have other health insurance, POS does not apply**
- **Does not apply to Catastrophic Cap**

# Enrollment

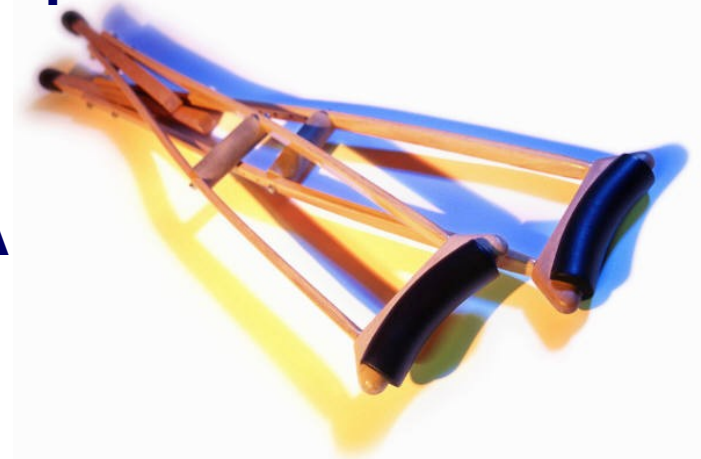
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- **Enrollment required (not automatic)**
- **Complete Enrollment Form**
  1. Choose a PCM from TRICARE Network Providers
  2. May administratively enroll if there are no Network providers within access standards
  3. Include home and work zip codes of the sponsor
- **Receive a TRICARE Prime ID card**

# Emergency Care

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- **TRICARE follows the Prudent Layperson rule**
- **Only required to call SMHS within 24 hours of ER visit if admitted to the hospital**
- **Notify your PCM as soon as possible about ER visit and to arrange follow-up care**
- **When traveling, may be required to pay up-front; must submit claim to PGBA for reimbursement**



# Pharmacy Benefits

Pharmacy Options - Cost		
	Generic Drugs	Brand-name Drugs
<b>MTF</b>	\$0	\$0
<b>NMOP*</b> (90-day supply)	\$3	\$9
<b>Network Retail*</b> (30-day supply)	\$3	\$9
<b>Non-Network*</b>	<p><b>Standard</b> \$9 or 20% of total cost, whichever is greater, after deductible:</p> <ul style="list-style-type: none"> <li>▪ E4 &amp; below: \$50/person or \$100/family</li> <li>▪ E5 &amp; above: \$150/person or \$300/family</li> <li>▪ Retirees &amp; Family: \$150/person or \$300/family</li> </ul> <p><b>Prime - Point-of-Service</b> 50% cost-share, after deductible:</p> <ul style="list-style-type: none"> <li>▪ \$300/person or \$600/family</li> </ul>	

*\*May be required to pay up-front and file a Claim Form for reimbursement.*

**Note 1:** *If generic is available, but you choose a brand-name medication, you pay entire cost of medication with no coverage from TRICARE.*



# Dental Benefits

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- **Active Duty Service Member coverage**
  - Annual exam/cleaning/fillings do not require prior-authorization
  - Anything more (ex: *root canal*) does require prior-authorization
  - MMSO pays dental claims (not PGBA)
  - See *Remote Controller* for more information
- **Active Duty Family Member coverage**
  - *TRICARE Family Member Dental Program* administered by United Concordia: 1-800-866-8499

# Claims

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- **If you see a non-network provider, you may need to pay for services up-front. If so, pay the bill and submit the following information for reimbursement:**
  - Itemized Bill
  - A completed claim form (DD Form 2642) for services received
  - Explanation of Benefits from Other Health Insurance if applicable
- **Submit all bills in the Northeast Region to:**
  - PGBA - Region 1
  - PO Box 7011
  - Camden, SC 29020-7011

# Interim Waived Charges Benefit

*for Active Duty Family Members*

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- **Interim Waived Charges Benefit introduced end August 1, 2002**
- **Families of TPR Active Duty Service Members not enrolled in the TPRADFM Program by September 1, 2002, will be TRICARE Standard**
  - TRICARE Standard deductibles and cost shares will apply for those not enrolled in TPRADFM

# To-Do List

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- ✓ **Regularly update important information about you and your family in DEERS and with SMHS**
- ✓ **Know how to access care**
  - use your PCM
  - carry wallet card with important health phone numbers
- ✓ **Understand your responsibility for co-payments**
  - No balance billing (115% rule)
  - POS option
  - ADSM do not pay any co-payment with Network Providers
- ✓ **Save Explanation of Benefits (EOB) statements**
- ✓ **Save authorization numbers**
  - Urgent care visit authorization is for one visit only
  - Understand the number of visits authorized when you receive a referral

# More Information

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- **Sierra Military Health Services**
  - [www.sierramilitary.com](http://www.sierramilitary.com)
  - 1-888-999-5195
- **TRICARE Management Activity**
  - [www.tricare.osd.mil](http://www.tricare.osd.mil)
- **DEERS**
  - 1-800-538-9552
  - [addrinfo@osd.pentagon.mil](mailto:addrinfo@osd.pentagon.mil)  
(address changes only)
- **DoD** (TSRx & TFL)
  - 1-877-DOD-MEDS
- **Medicare**
  - [www.medicare.gov](http://www.medicare.gov)
  - 1-800-MEDICARE
- **MMSO**
  - [mmso.med.navy.mil](http://mmso.med.navy.mil)
  - 1-800-MHS-MMSO
- **National Mail Order Pharmacy**
  - [www.merckmedco.com](http://www.merckmedco.com)
  - 1-800-903-4680
- **Check claims online**
  - [www.mytricare.com](http://www.mytricare.com)